

OFFICE OF THE GOVERNOR AND LT. GOVERNOR



State Capitol
Des Moines, IA 50319
515.281.5211
www.governor.iowa.gov

Send this application form and a copy of your resume

Email to: igov.contact@iowa.gov

FAX to: 515.281.6611, or

Mail to: Office of the Governor, Attn: Internships, State Capitol, Des Moines IA 50319

Your Name: _____

Areas of interest (Rank in order of priority; 1 = highest priority)

___ Communications ___ Policy ___ Outreach ___ Casework
___ Administrative ___ Legal

Circle the Internship cycle(s) you are available for:

Spring
(January-May)

Summer
(June-August)

Fall
(September-December)

Specify dates of availability: _____

Specify the weekdays and hours you will be able to work weekly:

Note: You must commit to at least 16 hours per week to qualify.

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

PERSONAL INFORMATION

Current Address:

Phone(s): _____(H)

Mobile: _____

Permanent Address:

Phone: _____(H)

Mobile: _____

High School: _____

High School Address: _____

Email: _____

Date of Birth: _____ Year of H. S. Graduation: _____

College(s) Attended: _____

College Graduation Date: _____

Major(s) _____ Major GPA: _____

Minor(s): _____ Overall GPA _____

Additional Education: _____

Area of Focus: _____

Date of Graduation: _____

GPA: _____

EXPERIENCE/MOTIVATION

Work Experience:

Political Experience:

Extracurricular Activities:

What do you hope to gain from an internship in our office?

What are your long-term career goals?

Will this internship qualify for credit? ____ Yes ____ No

The faculty advisor or internship coordinator that will be working with our office and you to facilitate this internship:

Name: _____ Phone: _____

REFERENCES

(Please provide three references)

1. Name: _____

Address: _____ Phone: _____

2. Name: _____

Address: _____ Phone: _____

3. Name: _____

Address: _____ Phone: _____

Additional questions or comments:
